



101: Early Head Start-Child Care Partnerships

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Table of Contents

Introduction	4
The Basics: Early Head Start-Child Care Partnerships	4
Early Head Start 101.....	6
Eligible Applicants.....	7
Family Eligibility, Recruitment, Enrollment and Attendance.....	7
Ratios.....	8
Staff and Professional Development.....	9
Child Development and Education.....	11
Health and Safety	11
Serving Children with Disabilities.....	12
Health and Developmental and Behavioral Screening.....	14
Social-Emotional Health.....	15
Nutrition	15
Family Partnerships.....	16
Community Partnerships.....	17
Administrative and Financial Management.....	19
Facilities.....	19
Transportation.....	20
Child Care and Development Fund (CCDF) 101.....	22
Administration.....	22
Eligibility.....	23
Subsidies and Contracts.....	23
Tribal CCDF.....	24

Beneficiaries.....	24
Promoting Quality.....	25
Technical Assistance.....	26
Collaborations.....	27
Appendix: Child Care and Development Fund Subsidies for Infants/Toddlers, Preliminary Data FY 2012.....	28

101: EARLY HEAD START-CHILD CARE PARTNERSHIPS

The beginning years of a child's life are critical for building the early foundation needed for success in school and later in life. During these years, children's brains are developing rapidly, influenced by the richness of their experiences, including day-to-day interactions with their caregivers. Too many young children are missing out on high quality early learning experiences that build this foundation and prepare them to succeed in school. With disparities between lower- and higher-income children starting as early as 9 months of age¹, high quality early learning programs for infants and toddlers are a key ingredient to closing the opportunity gap, leveling the playing field, and making sure all of our children have the best odds at success.

Given this compelling evidence, in January of 2014, Congress appropriated \$500,000,000 to expand the number and quality of early learning slots for infants and toddlers through Early Head Start-Child Care Partnerships (EHS-CCP) grants or new Early Head Start grants. The EHS-CCP is a new competitive grant opportunity to support the partnering of Early Head Start programs with child care providers. Under EHS-CCP, new or existing Early Head Start grantees will partner with regulated center-based or family child care providers who agree to meet the Head Start Program Performance Standards. The resulting partnerships will allow programs to leverage their funds to provide more high quality early learning slots in their community. *Applicants who propose a partnership with local child care providers and demonstrate strong alignment with other Federally, State, or locally funded early childhood programs, such as Child Care and Development Fund (CCDF), will receive strong competitive priority.*

This guide will provide an overview of the EHS-CCP, Early Head Start, and CCDF. All EHS-CCP grantees must follow Early Head Start Program Performance Standards. An accompanying document "Early Head Start-Child Care Partnership Examples" will provide an in-depth review of various forms that EHS-CCP may take. Together, these guides are a useful tool for existing, new, and prospective grantees.

THE BASICS: EARLY HEAD START-CHILD CARE PARTNERSHIPS

The President's Initiative calls for an expansion of high quality early learning opportunities for young infants and toddlers in poverty. With funds designated in the Appropriations Act of 2014, the Administration will award five year EHS-CCP grants to entities that can demonstrate their current capacity or proposed capacity to be a high quality Early Head Start program that partners with existing regulated child care centers and family child care homes. The Administration anticipates a robust nationwide competition, including territories and tribes. Funding will be available within

¹ Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J., & Vick, J. (2009). *Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)*. Washington, DC: Child Trends.

each state based on the number of young children in poverty; however, only high quality applications will be funded. No less than 3% and 4.5% of total funds will be reserved for American Indian/Alaska Native Head Start programs and Migrant and Seasonal Head Start programs, respectively.

Funds will be awarded through the Early Head Start program, thus all grantees and partners must meet the Head Start Program Performance Standards. All EHS-CCP grants will be considered new five-year grants. Successful EHS-CCP applicants will receive intensive onsite technical assistance to assure program implementation, but will not be subject to the formal monitoring process or the Designation Renewal System (DRS) prior to 18 months after the date of the award².

Entities eligible to apply for Early Head Start are eligible to apply for EHS-CCP funds, including existing Head Start grantees, non- profit or for- profit community-based organizations, territories, and State, local and tribal governments.

The grants will allow local Early Head Start providers and their child care counterparts to leverage their funds to provide high quality, comprehensive early learning experiences to more infants and toddlers. Each partner will use funds directly as well as partner on activities such as training & technical assistance, management, and the delivery of comprehensive services. Many of Early Head Start comprehensive services, such as parent engagement activities, governance, management of advisory committees, or professional development training, may be provided through a central hub, if a grantee identifies this approach as appropriate to fit the community's needs.

A Review of Early Head Start-Child Care Partnerships:

- ✓ *EHS-CCP is a new competitive grant opportunity that incentivizes local partnerships between Early Head Start programs and child care programs to increase the number of infants and toddlers in high quality early learning programs*
- ✓ *Competitive priority for funds will be given to applicants who create local partnerships with child care providers and align with other early childhood development programs*
- ✓ *Grantees may include center-based and/or family child care program options in their partnerships*
- ✓ *All EHS-CCP grants will be new, five-year grants*
- ✓ *Entities currently eligible to apply for EHS funds will be eligible for EHS-CCP funds*
- ✓ *Grantees will receive onsite technical assistance, but will not be subject to Designation Renewal System for the first 18 months of the grants*

² Existing Early Head Start grantees that receive an Early Head Start-Child Care Partnership grant will be subject to DRS as scheduled for their original grant.

- ✓ *The Administration anticipates a robust nationwide competition, including territories and tribes*
- ✓ *Funding will be available within each state based on the number of young children in poverty; however, only high quality applications will be funded*
- ✓ *Funds will be set-aside for Indian and Migrant and Seasonal Head Start programs*

EARLY HEAD START 101

This section provides an overview of Early Head Start. Because the goal of EHS-CCP is to ensure high quality programs that meet Early Head Start standards, funds will be administered through the Early Head Start program. All Partnership grantees must abide by the Head Start Program Performance Standards.

Early Head Start is a Federally-funded, full-day and full-year, family-centered early care and education program for low-income infants and toddlers that was authorized in 1994. The program provides early, continuous, intensive, and comprehensive child development and family support services that enhance the physical, social, emotional, and intellectual development of participating children. In addition, Early Head Start provides young children with an array of comprehensive services, including health, nutritional, behavioral, and family services. The principles of Early Head Start include:

- *An Emphasis on High Quality* which recognizes the critical opportunity of EHS programs to positively impact children and families in the early years and beyond
- *Prevention and Promotion Activities* that both promote healthy development and recognize and address atypical development at the earliest stage possible
- *Positive Relationships and Continuity* which honor the critical importance of early attachments for healthy development in early childhood and beyond. The parents are viewed as a child's first, and most important, relationship
- *Parent Involvement* activities that offer parents a meaningful and strategic role in the program's vision, services, and governance
- *Inclusion* strategies that respect the unique developmental trajectories of young children in the context of a typical setting, including children with disabilities and/or developmental delays
- *Cultural Competence* which acknowledges the profound role that culture plays in early development. Programs work within the context of home languages for all children and families
- *Comprehensiveness, Flexibility and Responsiveness of Services* which allow children and families to move across various program options over time, as their life situation demands
- *Transition Planning* respects families' need for thought and attention paid to movements into—and out of—Early Head Start programs

- *Collaboration* with community partners, including other early childhood and family services, is central to an Early Head Start program's ability to meet the comprehensive needs of families. Strong partnerships allow programs to expand their services to families with infants and toddlers beyond the door of the program and into the larger community

Eligible Applicants

All entities that are eligible to apply for Early Head Start grants are also eligible to apply for EHS-CCP grants, including:

- Current Head Start or Early Head Start grantees
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public housing authorities/Indian housing authorities
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- Private institutions of higher education
- For-profit organizations
- Small businesses
- State governments
- County governments
- City or township governments

Family Eligibility, Enrollment, Recruitment, and Attendance

Families with children birth through age two are eligible for Early Head Start. In addition, children and families must also fit into at least **one** of the following categories:

- Families with incomes below the Federal poverty level
- Families eligible for the Temporary Assistance for Needy Families (TANF) program or the Supplemental Security Income (SSI) program
- Children who are experiencing homelessness³, in the child welfare system, or who have a disability

Programs are allowed to fill up to 10% of their slots with children from families whose income is above the Federal poverty line. In addition, at least 10% of slots must be filled with children with disabilities.

³ The term “homeless children” is defined as children who lack a fixed, regular, and adequate nighttime residence and includes: 1) children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster placement; 2) children who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; 3) children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and 3) migratory children who qualify as homeless under the criteria above.

Once children have been found eligible and are participating in Early Head Start, they remain eligible for the remainder of the program. When a child moves from Early Head Start to Head Start, family income must be re-verified. Early Head Start agency staff may confirm a family's eligibility using documents that prove income levels over the 12 months before enrollment.

In order to reach those most in need, grantees must actively encourage local families who are Early Head Start eligible to apply to the program. Programs are required to have a waiting list so that vacant slots are filled as soon as possible.

Attendance is critical to fulfilling Early Head Start's mission. When the monthly average daily attendance for a center-based program falls below 85%, the program must determine the causes of absenteeism. If the absences result from factors other than illness, such as temporary family problems, the program must provide families with the appropriate support. This includes home visits or other direct contact with the child's parents. In circumstances of chronic absenteeism, if it is not feasible to enroll the family in another program option, the slot may be offered to another family on the waiting list.

A Review of Eligibility, Enrollment, Recruitment, and Attendance

- ✓ *Children birth through two whose income falls below the Federal poverty level are eligible for Early Head Start*
- ✓ *Children who are eligible for public assistance, are homeless, have a disability, or are in the child welfare system are also eligible for Early Head Start*
- ✓ *Up to 10% of slots can be filled with high need children above the poverty line*
- ✓ *Once deemed eligible for Early Head Start, a child remains eligible for the duration of the program*
- ✓ *Early Head Start programs must actively recruit local eligible families to the program and keep a waiting list*
- ✓ *Attendance must be monitored and family contact must be made in instances of high absenteeism*

Ratios

Early Head Start ratios for center-based programs require one teacher for every four infants/toddlers. The maximum group size is eight infants/toddlers, with two teachers. Whenever possible, there should be a third person in the classroom who is a volunteer.

For the family child care option, the maximum group size for one teacher is six young children, with no more than two under the age of two. The maximum group size is 12 young children, with no more than two younger than 18 months, cared for by two teachers. For the family child care option, whenever present, the child care provider's own children under the age of six must be included in the count.

Additional assistance or smaller group size may be necessary when serving children with special needs who require additional care.

Staff and Professional Development

Prior to hiring employees, grantees must conduct an interview, verify references, and obtain a State, Federal, and/or tribal criminal record check. Grantees must provide pre-service training and in-service training opportunities for program staff and volunteers to enhance the knowledge and skills they need to deliver Early Head Start services. In addition, programs must develop a professional development plan for each full-time employee who provides direct services to children. Grantees must report advancement in the plan each year.

Staff must have familiarity with the ethnic background of the families they serve. If the majority of children in a classroom speak one language, at least one direct-service staff member must speak that language. Teachers must be able to communicate with all families, either directly or through a translator.

Teachers: All Early Head Start teachers must have the knowledge and skills necessary to develop consistent, stable, and supportive relationships with young children and their families. They must have knowledge of infant and toddler development, safety issues in infant and toddler care, and methods for communicating effectively with infants and toddlers. In addition, teachers must be able to plan and implement learning experiences that address social-emotional development, early language and literacy, early math and science, problem solving, and approaches to learning.

Center-based Early Head Start teachers must have a minimum of an Infant -Toddler Child Development Associate (CDA) or a comparable credential **or** a preschool CDA (or comparable credential) with training in infant toddler development. Family child care Early Head Start teachers must have previous early child care experience and, at a minimum, enroll in a Child Development Associate (CDA) program, an Associate's degree program, or Bachelor's degree program in child development within six months of beginning service. The family child care provider must acquire the credential or degree within two years of beginning service.

Center Directors: Early Head Start directors must have demonstrated abilities and skills in human services program management.

Specialists and Consultants: Grantees must hire staff or consultants who meet the qualifications below to provide content area expertise and oversight to programs. One consultant or staff member may serve in more than one role, assuming they meet the adequate qualifications for each role. Agencies must determine the appropriate staffing pattern necessary to provide these functions.

Education and child development services must be provided by a staff member or consultant with a B.A. or advanced degree in early childhood education or a B.A. in a related field with equivalent coursework and experience in early childhood development. They must have the capacity to offer assistance to other teachers in curriculum implementation and adaptation to meet the individual needs of children in the program. In addition, for grantees who offer a family child care option, child development specialists must provide professional development, assist in the delivery of

comprehensive services, and assure linkages between the provider and other staff members. The specialist will make regular announced and unannounced visits to each home.

Health-related services must be provided by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration. All health procedures must be performed only by a licensed/certified health professional.

Nutrition services must be provided by registered dietitians or nutritionists.

Mental health services must be provided by licensed or certified mental health professionals with experience in serving young children and families.

Family and community partnerships services must be implemented by staff or consultants with training and experience in field(s) related to social, human, or family services.

Parent involvement services must be supported by staff or consultants with training, experience, and skills in assisting the parents of young children in advocating and decision-making for their families.

Disabilities services must be provided by staff or consultants with training and experience in securing and individualizing needed services for children with disabilities.

A Review of Staff and Professional Development

- ✓ *Early Head Start programs must provide pre-service and in-service training to program staff and volunteers related to health, safety, early learning and comprehensive services*
- ✓ *All programs must have a professional development plan for direct-care staff and show advancement in that plan*
- ✓ *All Early Head Start teachers must have the knowledge and skills necessary to develop stable, enriching, and supportive relationships with young children and their families*
- ✓ *Center-based teachers must have a minimum of an Infant-Toddler CDA or a Preschool CDA with equivalent coursework in infant-toddler development*
- ✓ *Family child care teachers must have previous early child care experience and, at a minimum, enroll in an early childhood credential or degree program within six months of beginning service*
- ✓ *Child development consultants or specialists must have a B.A. or advanced degree in early childhood education or a B.A. in a related field with equivalent coursework and experience in early childhood development*
- ✓ *Specialists or consultants providing comprehensive services including health, nutrition, mental health, parent and community partnerships, and parent involvement services must*

meet the professional qualifications specified in the Head Start Program Performance Standards

Child Development and Education

Programs must develop secure and trusting relationships with young children by having consistent teachers and engaging in developmentally appropriate and culturally responsive practices. Programs must promote the cognitive, social-emotional, and motor development of infants and toddlers using a research-based early childhood curriculum. The curriculum must have standardized training procedures and materials to support implementation. In addition, it must be linked to ongoing assessment, with measurable developmental and learning goals.

Health and Safety

Health and safety policies are the most fundamental to a high quality early care and education program. Programs must communicate with parents to assure that all parties are aware of any special health and safety needs children may have. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.

Policies: Programs must establish and implement policies and procedures to respond to medical and dental health emergencies. All staff must be familiar and trained in these policies and procedures. At a minimum, these policies and procedures must include:

- Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention
- Posted locations and telephone numbers of emergency response systems
- Up-to-date family contact information, authorization for emergency care for each child, and methods of notifying parents in the event of an emergency involving their child
- Posted emergency evacuation routes and other safety procedures which are practiced regularly
- Methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws

Medication Administration: Grantees must establish written procedures regarding the administration, handling, and storage of medication for every child. This includes labeling and properly storing all medications, designating a trained staff member to administer all medications, obtaining parent and physician instructions and authorization for all medication administration, and recording changes in a child's behavior that may have implications for drug dosage or type.

Spills: Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other bodily fluids. Spills of bodily fluids must be cleaned, disinfected, and disposed of in a plastic bag with a secure tie.

Hand washing: Staff, volunteers, and children must wash their hands in accordance with CDC guidelines.

A Review of Health and Safety

- ✓ *Programs must ensure the health and safety of children and communicate regularly with parents regarding the health and safety needs of children*
- ✓ *Programs must establish and implement policies and procedures to respond to medical and dental health emergencies*
- ✓ *Programs must maintain up-to-date family contact information and methods for notifying parents of emergencies*
- ✓ *Programs must have clear policies and procedures for handling cases of child abuse and neglect that comply with State and local reporting regulations*
- ✓ *Programs must post emergency plans, evacuation routes, and telephone numbers of emergency response systems*
- ✓ *Programs must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child*
- ✓ *Staff, volunteers, and children must wash their hands in accordance with CDC guidelines*
- ✓ *All facilities must have a readily available first-aid kit*

Children with Disabilities

Serving children and families with the highest needs is one of Head Start's primary missions. At least 10% of any program's enrollment must be children with disabilities. Working in partnership with Part C agencies and other community agencies, Early Head Start programs must provide the appropriate services for children with disabilities in inclusive settings, guided by a disabilities service plan.

Disabilities Service Plan: Head Start grantees must develop a disabilities service plan for each child with a disability that outlines strategies for meeting their needs and is aligned with the Individual Family Service Plan (IFSP). The plan must assure that children with disabilities receive all of Early Head Start's services and fully participate in all of Early Head Start's activities, with appropriate modifications. The components of the plan include:

- Procedures for timely screening and referral
- Assurance of facility accessibility
- Availability of appropriate materials/equipment
- Evidence of meeting State standards for personnel serving children with disabilities

Services and Supports: Children with disabilities often need additional services, such as occupational therapy or speech language therapy. The disability service plan must include a commitment to develop formal agreements with the local education agency and other community

partners who may provide specialized interventions. A description of the services Early Head Start will provide directly and the services other agencies will provide must also be included. The grantee must provide, or arrange for another entity to provide, supports such as:

- Audiology services
- Physical therapy
- Occupational therapy
- Speech/language services
- Psychological services
- Transportation for children with disabilities to other service providers
- Assistive technology services

A continuum of services from various agencies must be available for children with disabilities and their families to ensure all of their needs are met. Programs may have a shared provision of services with other agencies, share personnel to supervise special education services, implement administrative accommodations such as having two children share one enrollment slot when each child's IFSP calls for part-time service, and execute any other strategies that ensure that special needs are met.

Disabilities Coordinator: The grantee must have a disabilities coordinator who is responsible for developing the disabilities service plan and assuring the needs of children with disabilities are met, in collaboration with all relevant coordinators, teachers, and parents. The disability coordinator may serve in more than one role, depending on the size of the program and assuming the individual meets the adequate qualifications for each role. For example, this person may fulfill the duties of the disabilities coordinator and the mental health consultant.

Use of Funds: Grantees may spend funds on salaries for disability specialists, evaluation of children, services and accommodations, transportation, special equipment or materials, and training and technical assistance.

A Review of Disabilities

- ✓ *Children with disabilities must receive all Early Head Start services and participate in all of Early Head Start's activities, with appropriate modifications*
- ✓ *Early Head Start programs must develop a disabilities service plan aligned with the IFSP that describes how the needs of children with disabilities will be met*
- ✓ *The program must ensure that the disabilities service plan meets State standards for serving children with disabilities*
- ✓ *The disabilities service plan must include interagency agreements with the LEAs and other agencies within the program's service area*
- ✓ *Early Head Start programs must provide appropriate services for children with disabilities, either directly or by linking families to community partners*

- ✓ *Each program must employ a disability services coordinator*
- ✓ *Funds may be used for activities to assure the needs of children with disabilities are met*

Comprehensive Services

Health, Developmental and Behavioral Screening and Follow-Up

The main pillar that separates Early Head Start and Head Start from many other early learning programs is the delivery of comprehensive services, including health, developmental and behavioral screening and follow-up.

Observations and recordings of each child's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns must be done on an ongoing basis in collaboration with families.

In addition, within the first 90 days of children's participation, programs must ensure that children have a source of health care and are up to date on all primary and preventative health care, including medical, dental, and mental health services. For children who do not have a source of health care and/or are not up to date on health services, programs must assist the family in attaining health care and the necessary services for their child. Early Head Start funds may be used for medical and dental services when no other source of funding is available.

Within the first 45 days in the program, all children must receive culturally appropriate sensory, developmental and behavioral screening. Programs may do the screening themselves or arrange for outside entities to screen children. Programs must then obtain guidance from a mental health or child development professional on how to use the findings to address children's needs. If any needs are identified through screening, programs must work with families to provide linkages to specialists, such as local early intervention providers or the medical home, who can conduct further evaluation and support.

Enrolled families with infants and toddlers diagnosed with- or suspected of having- a disability should be referred to a local early intervention agency to coordinate any needed evaluations, determine eligibility for services, and coordinate the development of an Individualized Family Service Plan (IFSP). Programs must encourage and support parent participation in the evaluation and IFSP development process.

A Review of Health, Developmental, and Behavioral Screening and Follow-Up:

- ✓ *Programs must ensure that all children have health care and healthcare needs met within the first 90 days of enrollment.*
- ✓ *All children must receive sensory, developmental and behavioral screenings within 45 days of enrollment*
- ✓ *Programs must work with families to track ongoing health and development*

- ✓ *Programs must link families to services and supports when needs are identified*

Child Social-Emotional Health

Parents and staff must communicate regularly on children's social-emotional health and staff should support parents' participation in any needed interventions. All programs must offer a regular schedule of on-site mental health consultation involving a mental health professional, program staff, and parents. This consultation should include parent and staff education on children's social-emotional health issues and direction on implementing programs that meet children's behavioral and social-emotional health needs. Mental health consultants must also assist in connecting children with developmental concerns or who demonstrate atypical development to other community mental health resources, as needed.

Nutrition

All Early Head Start and Head Start grantee and delegate agencies must participate in the USDA's Child and Adult Care Food Program. Early Head Start funds may be used to cover nutritional costs not covered by the USDA. In addition, agencies must contract only with food service vendors that are licensed in accordance with State, Tribal or local laws. Programs must post evidence of compliance with all applicable Federal, State, Tribal, and local food safety and sanitation laws.

Programs must meet the nutritional needs and feeding requirements of each child, taking into account nutrition assessments, family eating patterns and cultural preferences, dietary requirements or restrictions, and feeding requirements for children with disabilities. Staff should keep parents informed of current feeding schedules and food provided, meal patterns, new foods introduced, food intolerances and preferences, voiding patterns, and observations related to developmental changes in feeding and nutrition. Staff must also promote effective dental hygiene among children and families.

Infants and young toddlers must be fed "on demand" to the extent possible or at appropriate intervals. Each child in a program must receive meals and snacks that provide 1/2 to 2/3 of the child's daily nutritional needs, depending upon the length of the program day. In addition, all children who have not received breakfast at the time they arrive at the Early Head Start program must be served a nourishing breakfast. All food served must be appropriate to the nutritional needs, developmental readiness, and feeding skills of infants and toddlers, as recommended in the USDA meal pattern or nutrient standard menu planning requirements.

Grantees must ensure that nutritional services contribute to the development and socialization of enrolled children by providing that:

- A variety of food is served which broadens each child's food experiences
- Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food
- Sufficient time is allowed for each child to eat
- Toddlers and staff eat together family style
- Infants are held while being fed and are not laid down to sleep with a bottle
- Medically-based diets or other dietary requirements are accommodated

- As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities

A Review of Nutrition

- ✓ *All Early Head Start programs must participate in the USDA Child and Adult Care Food Program and other programs as appropriate.*
- ✓ *Programs must meet the nutritional needs and feeding requirements of each child*
- ✓ *Infants and young toddlers must be fed “on demand” to the extent possible or at appropriate intervals*
- ✓ *Each child must receive meals and snacks that provide between 1/3 and 2/3 of the child's daily nutritional needs, depending on the length of the program's day*
- ✓ *Programs must ensure that nutritional services contribute to the development and socialization of enrolled children*

Family Partnerships

Family partnerships are central to Early Head Start. Families and program staff should meet many times throughout the year, with each encounter being respectful of each family's diversity and cultural and ethnic background. Parents must have ample opportunities to share concerns about their children with program staff.

Family Goal Planning and Services: Programs must work with parents to develop family partnership agreements. These agreements describe family goals and responsibilities, as well as timetables, strategies, and progress in achieving these goals. Programs must work with parents to access services and resources that are responsive to each family's goals, including:

- Emergency or crisis assistance in areas such as food, housing, clothing, and transportation
- Education and other appropriate interventions, including participation in counseling programs or receiving information on mental health issues, such as substance abuse, child abuse and neglect, and domestic violence
- Opportunities to participate in family literacy programs
- Opportunities for continuing education, employment training, and other employment services through formal and informal networks in the community

Parent Participation: Early Head Start settings must be open to parents during all program hours. Parents must be welcomed as visitors and encouraged to observe children and to participate with children in group activities as often as possible. The participation of parents in any program activity must be voluntary, and must not be required as a condition of the child's enrollment. Grantees must also provide parents with opportunities to participate in the program as employees or volunteers.

Each child in a program must have at least two home visits by their teacher or another relevant staff member each program year, unless the parent declines to participate in home visits. In addition to

these two home visits, teachers must conduct staff-parent conferences at least twice per program year, to enhance the knowledge and understanding of both staff and parents of the educational and developmental progress of children.

Parent Education: Programs must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs of their children. Programs must provide medical, dental, nutrition, behavioral, and mental health education programs for staff, parents, and families.

Parents as Advocates: Programs must encourage and support parents in becoming involved in community advocacy, by providing families with information about community resources, encouraging families to influence community services to better meet their needs, and providing families' opportunities to work together and with other community members on activities that interest them. Grantees must also provide education and training to parents to prepare them to exercise their rights and responsibilities over their children's education. Programs should work with parents to assure that they become their children's advocate as they transition into a different care and education setting, such as child care, Head Start, or public preschool.

Family Service Worker: Each program should have a staff member who is responsible for family engagement and coordination issues. The specialist should have training, experience, and skills in assisting the parents of young children in advocating and decision-making.

A Review of Family Partnerships

- ✓ *Programs must develop a family partnership agreement with parents*
- ✓ *Programs must deliver or link families to services responsive to their individual needs*
- ✓ *Programs must invite parents participation in all aspects of Early Head Start*
- ✓ *Program staff must visit each child's home at least two times per program year*
- ✓ *Programs must provide parents with education on child development, parenting skills, medical, dental, nutritional, behavioral, and mental health*
- ✓ *Programs must support parents in becoming advocates for themselves and their children*

Community Partnerships

Programs must take an active role in community planning to encourage strong communication, cooperation, and information sharing with community partners in order to improve the delivery of services to children and families.

Community Collaboration: Programs must take affirmative steps, such as developing interagency agreements, to establish collaborative relationships with community organizations that deliver necessary services to children and families, including:

- Health care providers, such as clinics, physicians, dentists, and other health professionals
- Mental health providers
- Nutritional service providers
- Local Part C agencies and other community agencies that provide services to children with disabilities and their families
- Family preservation and support services
- Child protective services and any other agency to which child abuse must be reported under State or Tribal law
- Child care providers

Advisory committees: Grantees must establish and maintain a Health Services Advisory Committee made up of Head Start parents, professionals, and other volunteers from the community. Grantees must also establish other service advisory committees, as needed to address program service issues and to respond to community needs.

Transition services: Programs must establish and maintain procedures to support successful transitions for enrolled children and families into- and out of- Early Head Start, including:

- Coordinating with other agencies or schools to ensure that individual Early Head Start children's relevant records are transferred to the next placement in which a child will enroll or from earlier placements to Early Head Start;
- Communication between Early Head Start staff and their counterparts in other placements or settings to facilitate continuity of programming; and
- Initiating joint transition-related training and activities for Early Head Start staff and other early education and care staff in the community.

Transition planning must be undertaken for each child and family at least six months prior to the child's third birthday to ensure the most appropriate placement and services following Early Head Start. The process must take into account: The child's health status and developmental level, progress made by the child and family while in Early Head Start, family circumstances, and the availability of Head Start and other early childhood development services in the community. As appropriate, a child may remain in Early Head Start following his or her third birthday for additional months until he or she can transition into Head Start or another program.

A Review of Community Partnerships

- ✓ *Programs must develop a community partnership plan*
- ✓ *Programs must engage in partnership with local Part C agencies*
- ✓ *Programs must actively seek out partnerships with other agencies in the community that serve low-income children and families*
- ✓ *Programs must establish and maintain a Health Advisory Committee, and other advisory committees as needed*

- ✓ *Programs must develop and implement transition planning for children entering or existing Early Head Start that involves community partners and families*

Administrative and Financial Management

Programs must provide a 20% non-Federal match of funds for each Early Head Start grant. Waivers for this match may be granted depending on each grantee's situation.

Grantees must engage in program planning and management that includes consultation with the governing body, policy groups, program staff, and other community organizations that serve low-income families with young children. The *governing body* has legal and fiscal responsibility for the Head Start entity and is required to have members with that expertise in its membership. The governing body must also reflect the community served and include parents of current or former Head Start children. In addition, each grantee is required to have a *policy council* which is responsible for the day-to-day and long term direction of the program. This council is elected by and consists of a majority of parents of Head Start children. Community members are also part of the policy council.

Programs are responsible for the following activities in financial management:

- Knowing Early Head Start regulatory and grant requirements
- Documenting fiscal policies and procedures and maintaining strong internal controls
- Maintaining a fiscal *operations* and *procedures* manual
- Maintaining record of the policies and procedures for handling administrative and financial transactions
- Maintaining documentation to support expenditures
- Managing cash effectively with accurate bookkeeping records and financial statements
- Maintaining effective internal controls to protect the organization from misuse of funds
- Documenting and reporting employee time and activities accurately
- Meeting match requirements and documenting in-kind contributions appropriately
- Reporting timely and accurate financial information clearly

Programs may spend no more than 15% of their total funds on administrative functions.

Facilities

Physical Environment: Programs must provide a physical environment conducive to learning and reflective of the different stages of development of each child. Programs must ensure appropriate space for all program activities. The indoor and outdoor space in Early Head Start centers used by mobile infants and toddlers must be separated from general walkways and from areas in use by older children. Centers must have at least 35 square feet of usable indoor space per child available, exclusive of bathrooms, halls, kitchen, staff rooms, and storage spaces. Centers must also have at least 75 square feet of usable outdoor play space per child.

Outdoor play areas must be arranged so as to prevent any child from leaving the premises and getting into unsafe and unsupervised areas. Grantees must provide an environment free of toxins,

such as cigarette smoke, lead, pesticides, herbicides, and other air pollutants as well as soil and water contaminants.

Facilities owned or operated by Early Head Start and Head Start grantee or delegate agencies must meet the licensing requirements of 45 CFR 1306.30.

Toileting: Toilets and hand washing facilities must be adequate, clean, in good repair, and easily reached by children. Toilet training equipment must be provided for children being toilet trained. Toileting and diapering areas must be separated from areas used for cooking, eating, or activities.

Equipment: Programs must provide appropriate equipment, toys, materials, and furniture to meet the needs and facilitate the participation of all children. Equipment, toys, and furniture owned or operated by the grantee must be:

- Supportive of the specific educational objectives of the local program
- Supportive of the cultural and ethnic backgrounds of the children
- Age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities
- Accessible, attractive, and inviting to children
- Designed to provide a variety of learning experiences and to encourage each child to experiment and explore
- Stored in a safe and orderly fashion when not in use
- Toys must be made of non-toxic materials and must be sanitized regularly

Sleep: Early Head Start programs must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child. To reduce the risk of Sudden Infant Death Syndrome (SIDS), all sleeping arrangements for infants must use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys.

A Review of Facilities

- ✓ *Programs must provide a physical environment and facilities conducive to learning and reflective of the different stages of development of each child*
- ✓ *Programs must provide adequate space for indoor and outdoor activities and for sleeping*
- ✓ *Programs must provide and arrange sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of all children*
- ✓ *Programs must implement safe sleep practices to prevent SIDS and provide adequate spacing and appropriate equipment to accommodate infant sleeping*

Transportation

Programs must assist families who need transportation in order to attend the program. If an agency decides not to provide transportation services directly for all or some of the children, it must provide

reasonable help to families to arrange transportation to and from the program. The transportation assistance being offered must be made clear to families during recruitment efforts.

Programs providing transportation services must ensure that each vehicle used in providing such services is equipped with:

- A communication system to call for assistance in case of an emergency
- Safety equipment for use in an emergency, including a charged fire extinguisher
- A first aid kit and a sign indicating the location of such equipment
- A seat belt cutter for use in an emergency evacuation and a sign indicating its location

Programs must ensure that children are only released to a parent or legal guardian, or other individual identified in writing by the parent or legal guardian. This regulation applies when children are picked up from the classroom, as well as when they are dropped off by an Early Head Start vehicle. Programs must implement strong policies, procedures, and internal controls, including up-to-date child rosters, to ensure that no child is left behind, either at the classroom or on the vehicle at the end of the route. Programs must ensure that all accidents involving vehicles that transport children are reported in accordance with applicable State requirements.

A Review of Transportation

- ✓ *Programs must assist families who need transportation in order for their children to attend the program to obtain it*
- ✓ *Programs providing transportation services, must ensure that each vehicle used in providing such services is equipped a communication system, safety equipment, a first aid kit, and a seatbelt cutter*
- ✓ *All accidents involving vehicles that transport children must be reported in accordance with applicable State requirements*
- ✓ *Programs must ensure that children are only released to a parent or legal guardian, or other individual identified in writing by the parent or legal guardian.*

Visit Head Start's National Technical Assistance Centers for Additional Resources

- [Early Head Start National Resource Center \(EHS NRC\)](#)
- [National Center on Cultural and Linguistic Responsiveness \(NCCLR\)](#)
- [National Center on Health \(NCH\)](#)
- [National Center on Parent, Family, and Community Engagement \(NCPFCE\)](#)
- [National Center on Program Management and Fiscal Operations \(NCPMFO\)](#)
- [National Center on Quality Teaching and Learning \(NCQTL\)](#)

CHILD CARE AND DEVELOPMENT FUND 101

The Child Care and Development Fund (CCDF) is the primary Federal program devoted to providing families with child care subsidies and supporting States, Territories, and Tribes in improving the quality of child care programs. CCDF is administered by the Office of Child Care (OCC), within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS). HHS provides funding, oversight and technical assistance to the States, Territories, and Tribes that administer the program.

CCDF program provides funds to assist low-income families, families receiving temporary public assistance, and those transitioning out of public assistance, in obtaining child care so they can work or attend education/training programs. In Fiscal Year (FY) 2012, CCDF served an average of 1.5 million children per month; nearly a third of those children were infants and toddlers. See Table 1 for additional data on CCDF for FYI 2012.

CCDF is jointly financed by Federal and State governments and consists of three funding streams: discretionary, mandatory, and matching funds. ACF designated the combined funding from these streams as the CCDF. Annual Federal CCDF funding is approximately \$5.2 billion, and State funding and TANF transfers add several billion dollars more.

Administration of Child Care and Development Fund

Under CCDF, the Lead Agency within a State, Territory, or Tribe has considerable latitude in administering and implementing their child care programs. The CCDF Lead Agency is designated by the chief executive of a State or Territory, or by the appropriate Tribal Leader or applicant, and has the responsibility and authority to:

- Administer and/or implement child care programs, directly or indirectly. If the Lead Agency administers or implements CCDF indirectly, child care services are provided by local agencies, including those that are public, private, non-profit, or for profit. The Lead Agency must have written agreements with such agencies, which specify mutual roles and responsibilities;
- Maintain its overall responsibility for child care programs. The Lead Agency determines the basic use of CCDF funds and the priorities for spending CCDF funds;
- Serve as the single point of contact for all child care issues;
- Develop the biennial CCDF Plan.

The CCDF Plan for States, Territories, and Tribes serves as the application for CCDF funds by providing a description of, and assurance about, the child care program and services available to eligible families. Beginning in FY2012-2013, the CCDF Plan for States and Territories contained an appendix called the Quality Performance Report (QPR), which is submitted annually. The QPR gathers information on State/Territory's progress in meeting its goals as reported in the CCDF plan and on progress on improving the quality of child care.

Child Care and Development Fund Eligibility

CCDF serves families with children under the age of 13. If a child is intellectually or physically incapable of self-care or is under court supervision, CCDF may serve the individual up to age 19. Children receiving or in need of receiving protective services may also be eligible for child care services. Families must meet the following criteria to be eligible for CCDF:

1. Children must be citizens or qualified non-citizens and must either: (1) reside with parents or guardians who are working or participating in education or training activities; or (2) be in need of protective services. Citizenship/immigration verification requirements do not apply when a child receives Early Head Start services that are supported by CCDF funds and are subject to the Head Start Program Performance Standards.
2. Family income must be at or below 85% of State median income; however, CCDF grantees have the option to set a lower income threshold in order to target services to certain priority groups of families or children. For example, the State, Territory, or Tribe may prioritize services for children with disabilities, children in the child welfare system, or homeless children.

CCDF grantees also have the flexibility to define protective services for purposes of eligibility. Often formal child welfare or foster care cases are included in definitions of protective services, but grantees may elect to include vulnerable populations such as homeless children and children of migrant workers or teen parents. Grantees may also establish additional priority rules to ensure access to services for targeted populations, such as families in Head Start programs or military families.

In addition, States, Territories, and Tribes have a variety of options regarding their definition of “work”, with some options promoting greater continuity of care for children and families. For example, grantees have the flexibility to include work-related activities, including periods of job search, in their eligibility criteria for “working”. Retention of eligibility during a job search can alleviate some of the stress on families, facilitate a smoother transition back into the workforce, and support children’s development by maintaining continuity in their early learning child care placement.

States, Territories, and Tribes determine the frequency and timing of eligibility determinations. Longer periods between eligibility redeterminations and timing of redeterminations that align with the school year support continuity of care for children and families.

Child Care Subsidies and Contracts

States have the flexibility to determine the payment mechanism for providing eligible families with assistance. All grantees provide subsidies to eligible families through certificates (sometimes referred to as a voucher). Families who obtain a voucher can use it to purchase the child care of their choice from the full range of available providers, including centers and family child care homes. Under CCDF, the provider does not have to be licensed in order to serve CCDF children, but must meet basic health and safety requirements established by the State, Territory, or Tribe. The law requires providers caring for children receiving CCDF to meet the health and safety

requirements that address the prevention and control of infectious diseases (including immunizations), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. Most grantees implement the CCDF health and safety requirements through licensing for child care providers that are required to be licensed under State, Territory, or Tribe rules, and through separate processes for license-exempt providers.

Lead Agencies also have the option to extend contracts and grants to eligible providers for the purchase of child care slots. A common reason for awarding grants and contracts is to increase the supply of care that is hard to find, for example care for children with disabilities, care for infants and toddlers, or care during non-traditional hours. This is also done in order to coordinate child care services with programs such as Head Start, Early Head Start, pre-kindergarten, and after-school programs.

Families receiving a CCDF subsidy must contribute a family co-payment determined by the Lead Agency on a sliding fee scale based on the family's income and family size. States, Territories, and Tribes have the ability to waive the co-payment for families with incomes below poverty.

Tribal Child Care and Development Fund

Over 500 Federally-recognized Indian Tribes, Alaska Native Villages, and a Native Hawaiian organization receive CCDF funds directly or through consortium arrangements. The CCDF regulations provide significant flexibility for Tribes to design and administer their programs in accordance with the unique strengths, needs and challenges in their communities. Tribes, like States and Territories, have flexibility in policies regarding eligibility, reimbursements to providers, family co-payments, and how they implement health and safety requirements.

Indian children are dually eligible to receive services from a Tribal or State CCDF program. This does not mean an Indian child can receive duplicative assistance from *both* a tribal and a State program for the same expense; rather, they can receive assistance from one of these entities, assuming they meet the eligibility criteria. States and Tribes have a mutual responsibility to coordinate to ensure that duplication of services and expenses does not occur. This coordination can also help to maximize resources.

With few exceptions, Tribal CCDF Lead Agencies are located in rural, economically challenged areas. In these communities, the CCDF program plays a crucial role in offering child care options to parents as they move toward economic stability.

Who Benefits from Child Care and Development Fund Programs

Children from birth through age 12 in vulnerable families have access, through CCDF, to child care settings that meet their needs, from full-day early care and education programs to afterschool care for school-age children. All children in child care benefit from CCDF investments to help programs meet higher standards and improve the quality of teachers.

Parents in eligible low-income families receive help to pay for child care at a provider of their choice. Parents may also receive consumer education on topics such as what to look for in a quality

child care provider. All parents with children in child care benefit from CCDF quality investments and from the peace of mind that comes from knowing CCDF funds are being used to improve child care facilities all over the country.

Child Care Providers receive reimbursement for serving low-income families and can draw on networks of training and technical assistance resources to help them provide high-quality child care services. OCC is committed to building a well-educated, fairly compensated, cohesive child care workforce with jobs built on intentional training and education.

Promoting Quality Care that Supports Children’s Learning and Development

CCDF grantees have multiple policy, funding, and regulatory options they can use to promote high quality care. Subsidy policies and procedures, quality improvement efforts, and professional development and workforce initiatives all play a role in influencing the interactions between adults and the infants and toddlers in their care.

Quality Improvement Efforts: States, Territories, and larger Tribal grantees are required to spend at least 4 percent of their CCDF allocation on quality-enhancing activities. States exceed the required minimum spending in recognition of the critical importance of quality. For example, in 2012, States spent \$1 billion in quality improvement. In addition, Federal annual appropriations law designates CCDF funds to be targeted for quality improvement. These amounts include approximately \$100 million a year that grantees collectively receive to improve the quality of care for infants and toddlers. In recent years, substantial investments have been made in efforts to build quality improvement systems that encourage, support, and recognize high-quality infant/toddler child care providers and individual teachers. For all quality improvement activities, Lead Agencies have the flexibility to consider goals and strategic plans and to use CCDF funds to improve the quality of care for all families, not just those receiving assistance under CCDF.

Quality Rating Improvement Systems (QRIS): QRIS is a method to assess, improve, and communicate the quality of child care programs. Higher quality standards correspond to progressively higher public ratings. QRIS set standards of excellence for child care providers and establish a pathway to allow programs to continually improve in order to achieve higher standards and more advanced ratings. Over half of the States have developed a QRIS. Many States use licensing standards and QRIS to create a framework for evaluating, improving, and communicating the level of quality in early childhood programs. A QRIS typically contains five key elements:

1. Program Standards (including licensing standards)
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

Many States now include standards specific to infants and toddlers in their licensing and QRIS that address the health, safety, and well-being of infants and toddlers while they are being cared for in child care.

Early Learning Guidelines: Early learning guidelines describe the expectations for what children should know (content) and be able to do (skills) at different levels of development. These standards provide guidelines, articulate developmental milestones, and set expectations for the healthy growth and development of young children, including infants and toddlers. Most States and Territories have early learning guidelines for preschool-aged children and are working to develop early learning guidelines for infants and toddlers.

Professional Development Systems and Workforce Initiatives: Quality-enhancing investments to promote continuous improvement of program staff are a core element of CCDF. OCC is dedicated to creating pathways to excellence for child care programs through an effective, well-supported child care workforce. States and Territories also make significant investments to ensure a well-qualified workforce. These may include opportunities for growth from entry level through master level teachers. States and Territories invest in career pathways (or career lattices), professional development capacity, access to professional development opportunities, compensation, benefits, and workforce conditions.

Infant-Toddler Specialist Network - An infant-toddler specialist network is a system that coordinates the work of infant toddler specialists who are charged with helping improve caregiver practices and increasing the quality of each infant and toddler's developmental experience. Infant-toddler specialist networks often provide key support for State-based professional development systems by providing services to the infant toddler workforce, such as education and training, technical assistance, mentoring, and coaching. In addition, infant toddler specialists can link the workforce to other quality programs and initiatives such as licensing, QRIS, Early Head Start, and other consultant networks.

Infant-Toddler Training - A variety of strategies are being used to help providers raise quality and increase teachers credentials and practices with infants and toddlers, including training, focusing on credit-bearing coursework, mentoring, coaching, consulting, and career advising.

Core Knowledge and Competencies— Core Knowledge and Competencies refer to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. These expectations provide a foundation for professional development design, such as instructional practices and course content. Many States/Territories have supplemental or specialized core knowledge and competencies for infants and toddlers.

Infant-Toddler Credentials – State/Territory credentials are typically based on the core knowledge and competencies and often link to early childhood workforce advancement on career pathways, including specializations like working with infants and toddlers. Entities such as professional development offices, workforce data registries, child care resource and referral agencies, and other State agencies administer these credentials.

Technical Assistance

OCC provides a variety of technical assistance to support CCDF administrators in identifying and implementing effective policies and practices that build integrated child care systems. Integrated

child care systems can help vulnerable families find high quality child care and promote the healthy development of young children.

OCC's technical assistance services are provided through a network of contractors and partners that comprise the Child Care Technical Assistance Network (CCTAN). CCTAN provides technical assistance to help States, Tribes, and Territories administer CCDF funds and improve the quality of child care services. CCTAN projects vary in scope and address the full spectrum of child care topics, ages and settings.

Collaborations

Young children develop in the context of their families, other caregivers, and communities. To promote healthy growth and development, early care and education programs must address the diverse needs of children, families, and communities. This typically requires partnership across multiple service systems. Effective collaboration draws on the strengths of partnering programs in the community to promote a seamless system of high-quality early care and education services for children, linkages to necessary health and social services, and partnerships with families.

CCDF grantees are encouraged to partner with a variety of agencies to promote access to CCDF services and provide additional help for families to make informed choices about their child care. Common partners include Federal, State, and local early childhood development programs, such as Early Head Start or Head Start, State/tribal agencies responsible for public health, employment services, public education institutions, and agencies that administer the Temporary Assistance for Needy Families program. To the maximum extent feasible, States should partner with any Indian tribes in the State receiving CCDF funds. Over half of States and Territories combine multiple funding streams in an effort to streamline and enhance services for families.

Visit the OCC's Technical Assistance Network for Additional Resources at <https://childcare.gov/>.

APPENDIX

TABLE 1: CHILD CARE AND DEVELOPMENT FUND SUBSIDIES FOR INFANTS AND TODDLERS, PRELIMINARY FY 2012 DATA⁴⁵

State	Average Monthly Number of Infants/ Toddlers Served	Percentage Below Poverty	Percentage Served in Regulated Settings	Percentage Served in Family Child Care or Group Homes	Percentage Served in Centers	Average Monthly CCDF Subsidy	Average Monthly Hours
Alabama	7,912	75.24%	62.38%	7.43%	92.53%	\$328	189
Alaska	1,291	49.69%	79.80%	36.16%	55.17%	\$539	153
American Samoa	367	--	100.00%	8.38%	91.62%	\$175	189
Arizona	6,895	39.73%	94.84%	15.97%	82.25%	\$406	165
Arkansas	3,135	79.09%	99.52%	11.25%	88.75%	\$376	148
California	18,221	65.52%	78.92%	57.95%	41.11%	\$619	152
Colorado	4,691	75.71%	98.59%	20.68%	78.96%	\$409	121
Connecticut	2,895	49.90%	69.13%	38.53%	47.19%	\$470	146
Delaware	2,194	64.66%	94.15%	29.29%	70.48%	\$435	206
District of Columbia	648	70.04%	99.83%	4.28%	95.72%	\$880	212
Florida	24,658	53.03%	96.42%	10.39%	89.61%	\$389	207
Georgia	12,769	42.95%	98.49%	10.08%	89.53%	\$329	156
Guam	60	--	96.94%	1.67%	96.94%	\$388	162
Hawaii	3,049	73.74%	27.78%	42.30%	13.60%	\$282	123
Idaho	1,678	71.59%	82.52%	33.49%	64.99%	\$356	136
Illinois	13,454	58.93%	72.41%	43.72%	46.90%	\$508	147
Indiana	8,885	64.58%	73.68%	37.50%	62.50%	\$467	140
Iowa	4,467	68.24%	87.31%	49.21%	49.86%	\$443	182
Kansas	5,279	65.14%	87.36%	61.66%	34.72%	\$388	164
Kentucky	8,217	75.56%	97.18%	8.33%	91.03%	\$356	149
Louisiana	11,792	57.88%	89.16%	9.92%	89.27%	\$245	152
Maine	751	68.74%	92.53%	29.86%	70.14%	\$449	144
Maryland	5,136	78.98%	89.51%	41.94%	52.26%	\$465	191
Massachusetts	7,236	52.96%	100.00%	42.16%	57.84%	\$853	156
Michigan	14,713	80.37%	68.88%	42.65%	42.37%	\$315	128
Minnesota	6,949	72.72%	90.21%	37.78%	58.73%	\$608	137
Mississippi	5,404	90.55%	84.98%	13.93%	83.61%	\$296	170
Missouri	14,726	77.53%	73.54%	27.72%	69.41%	\$374	187
Montana	1,319	69.42%	92.91%	61.90%	37.07%	\$468	129
Nebraska	3,434	82.04%	89.81%	34.08%	65.92%	\$455	118
Nevada	1,319	58.11%	83.53%	15.43%	77.48%	\$439	141
New Hampshire	1,513	57.11%	89.22%	14.84%	83.04%	\$504	130
New Jersey	9,298	62.52%	95.58%	13.82%	85.15%	\$581	154
New Mexico	5,730	73.50%	85.48%	20.46%	77.55%	\$364	141
New York	31,059	76.89%	72.76%	58.83%	30.72%	\$678	127
North Carolina	16,962	67.89%	99.49%	13.33%	86.67%	\$469	171
North Dakota	910	72.08%	69.04%	73.85%	26.15%	\$276	133
Northern Mariana Islands	55	--	96.21%	4.09%	95.91%	\$278	152
Ohio	13,850	66.75%	100.00%	22.50%	77.50%	\$593	128

⁴ Data as of October 25, 2013

⁵ Percent Children below 100% of the 2012 HHS Poverty Guidelines for a Family of 3 (\$1591 in lower 48 states, \$1989 in AK, and \$1830 in HI). Children with invalid age, or invalid income, or with a child head of household cannot be assigned a poverty category are not reflected in these percentages. Territories excluded from calculations.

Oklahoma	8,469	70.71%	100.00%	17.23%	82.71%	\$360	135
Oregon	3,128	65.39%	54.85%	57.86%	26.30%	\$381	146
Pennsylvania	23,660	37.96%	85.44%	26.43%	73.35%	\$517	157
Puerto Rico	3,124	--	76.10%	28.12%	71.75%	\$250	203
Rhode Island	1,356	66.03%	98.27%	31.20%	68.74%	\$587	137
South Carolina	5,865	81.54%	91.27%	16.98%	82.24%	\$326	122
South Dakota	1,718	66.36%	86.58%	48.96%	50.33%	\$377	141
Tennessee	12,473	67.05%	91.42%	22.16%	77.64%	\$424	160
Texas	37,571	54.75%	99.06%	5.22%	94.73%	\$420	225
Utah	3,013	69.70%	70.66%	45.27%	49.68%	\$355	155
Vermont	1,253	59.79%	89.97%	43.76%	53.54%	\$497	114
Virgin Islands	187	--	98.26%	47.07%	46.26%	\$291	160
Virginia	6,315	77.54%	88.76%	30.91%	64.21%	\$508	157
Washington	9,954	64.20%	85.15%	33.82%	55.45%	\$488	224
West Virginia	2,297	76.75%	99.72%	34.56%	65.26%	\$405	119
Wisconsin	10,383	50.56%	100.00%	24.17%	75.73%	\$585	121
Wyoming	1,486	34.95%	88.71%	45.99%	51.33%	\$336	125
National	415,175	63.82%	87.11%	27.73%	69.12%	\$462	162